

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Brandon J Moore**

Mailing Address 901 Wilson Street

City

Lafayette

State

LA

Zip Code

70503-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Place Surgical Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	3		

**Transaction ID : 21006176**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. J William Hankins FACHE**

Mailing Address P O Box 2509

City

Sulphur

State

LA

Zip Code

70664-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Calcasieu Cameron Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	3		

**Transaction ID : 21006177**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Donna Shields**

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

VP Patient Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	3		

**Transaction ID : 21006178**

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

725.00

**TOTAL** This Period (last page this line number only)..... ►